

# Horizon Panorama IIIB (Horizon/Davis Vision View Network)

Horizon Panorama IIIB			
Frequency — Once Every:			
Eye examination including dilation (when professionally indicated)	12 months		
Spectacle lenses	12 months		
Frame	24 months		
Contact lens evaluation, fitting and follow-up care	12 months		
Contact lenses (in lieu of eyeglasses)	12 months		
Copayments			
Eye examination / Spectacle lenses / Contact lens evaluation, fitting and follow-up care	\$0 / \$10 / \$0 <sup>1</sup>		
Eyeglass Benefit — Frame		Member Charges	
Non-collection frame allowance (retail)	Up to \$130 or \$180 <sup>2</sup> plus a 20% discount <sup>3</sup> on any average		
Davis Vision Frame Collection <sup>4</sup> (in lieu of allowance):			
– Fashion level	Included		
– Designer level	Included		
– Premier level	\$25		
Eyeglass Benefit — Spectacle Lenses			
Clear plastic single-vision, lined bifocal, trifocal or lenticular lenses (any size or Rx)	Included		
Oversize lenses / Tinting of plastic lenses / Scratch-resistant coating	Included		
Polycarbonate lenses <sup>5</sup>	\$0 or \$30		
Ultraviolet coating	\$12		
Anti-reflective (AR) coating (standard / premium / ultra)	\$35 / \$48 / \$60		
Progressive lenses (standard / premium / ultra)	\$50 / \$90 / \$140		
High-index lenses / Intermediate-vision lenses / Polarized lenses	\$55 / \$30 / \$75		
Plastic photochromic lenses	\$65		
Scratch Protection Plan: Single vision / Multifocal lenses	\$20 / \$40		
Contact Lens Benefit (in lieu of eyeglasses):			
Non-collection contact lenses: Materials allowance	Up to \$130 plus a 15% discount <sup>3</sup> on any average		
Evaluation, fitting and follow-up care — standard and specialty lens types	15% discount		
Collection Contact Lenses <sup>4</sup> (in lieu of allowance):			
– Disposable	4 boxes/multipacks		
– Planned replacement	2 boxes/multipacks		
Evaluation, fitting and follow-up care	Included		
Visually required contact lenses (with prior approval) Materials, evaluation, fitting and follow-up care	Included		
Out-of-Network Reimbursement Schedule — Up to:			
Eye examination: \$40	Single-vision lenses: \$40	Trifocal lenses: \$80	Elective contact lenses: \$105
Frame: \$50	Bifocal/progressive lenses: \$60	Lenticular lenses: \$100	Visually required contact lenses: \$225

1 Copayment applies to Collection Contact Lenses only.

2 Members receive an additional \$50 allowance at Visionworks retail locations.

3 Additional discounts not applicable at Walmart, Sam's Club or Costco locations.

4 Davis Vision Collection is available at most participating independent provider offices. Frame collection is subject to change.

5 Polycarbonate lenses are covered in full for dependent children, monocular patients and patients with prescriptions +/- 6.00 diopters or greater.

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